SKILLED NURSING FACILITIES QUALITY ASSURANCE FEE
FORM INSTRUCTIONS

Facility's Information – Enter your facility's information in the appropriate box numbers 1 through 12.

Calculation of the Quality Assurance Fee (QAF) Steps:

Line 1: For the column **Number of Facility's Total Resident Days**, enter the number of total resident days for Medi-Cal Fee-for-Service (Include bed hold days). Then multiply by the "*QAF Rate Assessed Per Resident Day"* to come up with the **QAF Amount Due** for Medi-Cal Fee-For-Service.

Line 2: For the column **Number of Facility's Total Resident Days**, enter the number of total resident days for Medi-Cal Managed Care (Include bed hold days). Then multiply by the "*QAF Rate Assessed Per Resident Day"* to come up with the **QAF Amount Due** for Medi-Cal Managed Care.

Line 3: For the column **Number of Facility's Total Resident Days**, enter the number of total resident days for Non Medi-Cal (Include bed hold days). Then multiply by the "*QAF Rate Assessed Per Resident Day"* to come up with the QAF **Amount Due** for Non Medi-Cal.

Line 4: a) Enter the total number of resident days by adding the Column "*Number of the Facility's Total Resident Days"* together for *Lines 1 through 3*.
b) Enter the dollar amount by adding the Column "*QAF Amount Due" together* for *Lines 1 through 3*.

Note: Please remit the total amount *(Line 4b)* along with the completed Form by the due date listed on the form **(top right hand corner)** to the *Accounting Section/Cashiers Unit* address found on the form **(top left hand corner)**. Facilities should make their check or money order payable to "California Department of Health Services" and also include their Medi-Cal provider number or OSHPD ID number on the payment for an expeditious payment process. Please ensure the QAF form is signed with the original signature.

Failure to pay the QAF may result in monetary penalties and/or a delay in a facility's license renewal.